

Pain Management in Cognitively Impaired Long-term Care Residents

Wentz (2001) reports that many recent studies have shown that cognitively impaired patients are under treated for pain. This is a common problem for residents of long-term care facilities. Assessment of pain in cognitively impaired older adults is complicated by changes in memory, language skills, and their ability to conceptualize pain. Wentz further asserts that due to these changes, clinicians sometimes prematurely conclude that a cognitively impaired patient cannot report pain or use a pain rating scale.

However, Feldt (2000a) suggests that the under-treatment of pain in cognitively impaired residents of long-term care facilities could be improved by using instruments that are easily understood and observation measures that detect pain. Therefore, the focus here will be on assessment methods, which utilize observation and nonverbal indicators of pain.

According to Feldt (2000a), observations of pain behavior should be made during movement or palpation of the suspected painful area when the resident is more likely to perceive pain and cry out. Evidence of pain, such as poor appetite, depressive symptoms, changes in sleep patterns, falling, refusal of care, and agitated behavior should be documented. Common signs displayed by people with dementia experiencing physical discomfort include: fidgeting, tense muscles, body bracing, increased calling out or repetitive verbalizations, noisy breathing, grimacing, moving extremely slowly, increase in pulse, blood pressure, and sweating.

Instruments to detect pain in nonverbal, cognitively impaired elders are being developed and tested. One assessment tool discussed here is the “Checklist of Nonverbal Pain Indicators” developed by Feldt (2000b). It is an observation tool designed to assess pain in cognitively impaired elders. The scale includes those behaviors most frequently cited: nonverbal vocalizations (defined as sighs, gasps, moans, groans, or cries); facial grimacing or wincing (defined as furrowed brow, narrowed eyes, clenched teeth, tightened lips, dropped jaw, or distorted expression); bracing (defined as clutching or holding onto furniture or equipment or the affected area during movement); restlessness (defined as constant or intermittent shifting of position, rocking, intermittent or constant hand motions); rubbing (defined as massaging the affected area); and vocal complaints. A score of 0 is recorded if the behavior is not observed and a score of 1 if the behavior is observed. Scores are recorded with movement and at rest.

For more information on pain management, please review the references cited.

References

Feldt, K. 2000a. “Improving Assessment and Treatment of Pain in Cognitively Impaired Nursing Home Residents”. *Annals of Long-Term Care: Clinical Care and Aging*, 8(9), 36-42.

Feldt, K. 2000b. “The Checklist of Nonverbal Pain Indicators.” *Pain Management Nursing*, 1(1), 13-21.

Wentz, J. 2001. “Assessing Pain in Cognitively Impaired Adults”. <http://www.findarticles>.